

HAND DELIVERED
**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 OCT 15 PM 3:23
Office Use Only

**FEC
FORM 3**

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Leahy Green Mountain Committee

ADDRESS (number and street)

PO Box 1142



Check if different
than previously
reported. (ACC)

Montpelier

VT

05601

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲
STATE ▼ DISTRICT

C00566547

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
07 / 01 / 2015

MM / DD / YYYY
01 / 01 / 2015

MM / DD / YYYY
12 / 31 / 2015

through

MM / DD / YYYY
09 / 30 / 2015

MM / DD / YYYY
09 / 30 / 2015

MM / DD / YYYY
09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Judith Zamore

Signature of Treasurer

Judith Zamore

Date

MM / DD / YYYY
10 / 15 / 2015

MM / DD / YYYY
10 / 15 / 2015

MM / DD / YYYY
10 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Leahy Green Mountain Committee

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2015

To:

MM / DD / YYYY
09 / 30 / 2015

COLUMN A This Period

COLUMN B Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

3,500.00

19,500.00

(b) Total Contribution Refunds
(from Line 20(d))

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

3,500.00

19,500.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

180.25

240.25

(b) Total Offsets to Operating
Expenditures (from Line 14)

0.00

0.00

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

180.25

240.25

8. Cash on Hand at Close of
Reporting Period (from Line 27)

1,178.93

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

2015-10-20 00:00:00

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Leahy Green Mountain Committee

Report Covering the Period: From: MM / DD / YYYY
07 / 01 / 2015

To: MM / DD / YYYY
09 / 30 / 2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A)

3,500.00

13,500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions
from individuals

3,500.00

13,500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

6,000.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

3,500.00

19,500.00

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate

0.00

0.00

(b) All Other Loans

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

0.00

0.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)**

3,500.00

19,500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES

180..25

240..25

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

3,000.00

18,575.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate

0..00

0..00

(b) Of All Other Loans

0..00

0..00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b))

0..00

0..00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0..00

0..00

(b) Political Party Committees

0..00

0..00

(c) Other Political Committees
(such as PACs)

0..00

0..00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c))

0..00

0..00

21. OTHER DISBURSEMENTS

0..00

0..00

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

3,180.25

18,815.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

859.18

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)

3,500.00

25. SUBTOTAL (add Line 23 and Line 24)

4,359.18

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)

3,180.25

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25)

1,178.93

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Leahy Green Mountain Committee

A. Full Name (Last, First, Middle Initial) Anita Donofrio Mailing Address 55 High Ridge Ave City State Zip Code Ridgefield, CT 06877 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Self Occupation Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="3,500.00"/> Amount of Each Receipt this Period <input type="text" value="3,500.00"/> Earmarked through ActBlue		Date of Receipt <input type="text" value="08"/> <input type="text" value="16"/> <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="3,500.00"/> Earmarked through ActBlue
B. Full Name (Last, First, Middle Initial) ActBlue (C00401224) Mailing Address P.O. Box 441146 City State Zip Code Somerville, MA 02144 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="3,500.00"/> Amount of Each Receipt this Period <input type="text" value="MEMO 3,500.00"/> Contribution earmarked through ActBlue; not a contribution		Date of Receipt <input type="text" value="08"/> <input type="text" value="16"/> <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="MEMO 3,500.00"/> Contribution earmarked through ActBlue; not a contribution
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text"/> Amount of Each Receipt this Period <input type="text"/>		Date of Receipt <input type="text"/> <input type="text"/> <input type="text"/> Amount of Each Receipt this Period <input type="text"/>
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		<input type="text" value="3,500.00"/> <input type="text" value="3,500.00"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Leahy Green Mountain Committee

A. Full Name (Last, First, Middle Initial) PNC Bank		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015	
Mailing Address 650 Pennsylvania Ave SE			
City	State	Zip Code	
Washington, DC		20003	
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 14.00	
Candidate Name		Category/ Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
B. Full Name (Last, First, Middle Initial) PNC Bank		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015	
Mailing Address 650 Pennsylvania Ave SE			
City	State	Zip Code	
Washington, DC		20003	
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period 14.00	
Candidate Name		Category/ Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
C. Full Name (Last, First, Middle Initial) ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015	
Mailing Address 366 Summer St			
City	State	Zip Code	
Somerville, MA		02144	
Purpose of Disbursement Merchant Fees		Amount of Each Disbursement this Period 138.25	
Candidate Name		Category/ Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		
SUBTOTAL of Disbursements This Page (optional).....		166.25	
TOTAL This Period (last page this line number only).....			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Leahy Green Mountain Committee

A. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address 650 Pennsylvania Ave SE City Washington, DC 20003 State Zip Code Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015 Amount of Each Disbursement this Period 14.00
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement MM / DD / YYYY Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional).....		14.00
TOTAL This Period (last page this line number only).....		180.25

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 17 ☒ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Leahy Green Mountain Committee

A. Full Name (Last, First, Middle Initial) Leahy for US Senator Committee		Date of Disbursement MM / DD / YYYY 09 / 29 / 2015	
Mailing Address PO Box 1042			
City Montpelier, VT	State VT	Zip Code 05601	Amount of Each Disbursement this Period 3,000.00
Purpose of Disbursement Transfer		Category/ Type	
Candidate Name Patrick Leahy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: VT District:			
B. Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
C. Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		3,000.00	
TOTAL This Period (last page this line number only).....		180.25	

Hand Delivered

2015-10-20 04:00:00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☒ Hand Delivered

Date of Receipt

10/20/15

☐ USPS First Class Mail

Postmarked

Date of Receipt

☐ USPS Registered/Certified

Postmarked (R/C)

☐ USPS Priority Mail

Postmarked

☐ USPS Priority Mail Express

Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐

☐ Received from House Records & Registration Office

Date of Receipt

☒ Received from Senate Public Records Office

Date of Receipt

10/20/15

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked

PREPARER

(3/2015)

DATE PREPARED

10/20/15